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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/892,527	06/28/2001	Stephanie Grasso	STEPH01	STEPH01 5137	
5	7590 08/16/2002				
FRED GRASSO			EXAMINER		
2689 Mattox C Oakton, VA 2			PATTERSON, MARIE D		
			ART UNIT	PAPER NUMBER	
			3728		

Please find below and/or attached an Office communication concerning this application or proceeding.

Interview Summary

Application No.	Applicant(s)			
09/892,527	GRASSO, STEPHANIE			
Examiner	Art Unit			
Marie Patterson	3728			

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All participants (applicant, applicant's representative, PTO personnel):						
(1) Marie Patterson.	(3)					
(2) Fred Grasso.	(4)					
Date of Interview: 15 August 2002.						
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	2)☐ applicant's representativ	e]				
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.					
Claim(s) discussed: <u>Proposed amended claims</u> .						
Identification of prior art discussed: Applied art.						
Agreement with respect to the claims f)☐ was reached.	g)⊠ was not reached. h)□	☐ N/A.				
Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: Applicant discussed potential amendments to overcome the 112 and 102 rejections. The added limitations are subject to further search and/or considerations. (A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.) i) It is not necessary for applicant to provide a separate record of the substance of the interview(if box is checked).						
Unless the paragraph above has been checked, THE FOR MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW action has already been filed, APPLICANT IS GIVEN ONE STATEMENT OF THE SUBSTANCE OF THE INTERVIEW reverse side or on attached sheet.	. (See MPEP Section 713.04) MONTH FROM THIS INTERV). If a reply to the VIEW DATE TO	e last Office FILE A			
	M.D. Pat Primary Ex	terson xaminer				

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

Examiner's signature, if required